2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051528

Entity Name: LEADING EDGE PHYSICAL THERAPY & SPORTS, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

417 SOUTH FLORIDA AVENUE 4406 S FLORIDA AVE LAKELAND, FL 33801

SUITE 16

LAKELAND, FL 33813

Current Mailing Address: New Mailing Address:

4406 S FLORIDA AVE 417 SOUTH FLORIDA AVENUE

LAKELAND, FL 33801 SUITE 16

LAKELAND, FL 33813

FEI Number: 61-1414091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RYAN, MICHAEL RYAN, MICHAEL T 5426 CHARLIN AVENUE 4406 S FLORIDA AVE

LAKELAND, FL 33810 SUITE 16 LAKELAND, FL 33813 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL T RYAN 03/24/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

RYAN, MICHAEL RYAN, MICHAEL T Name: Name:

5426 CHARLIN AVENUE 4406 S FLORIDA AVE STE 16 Address: Address: City-St-Zip: LAKELAND, FL 33810 US City-St-Zip: LAKELAND, FL 33813 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T RYAN MR 03/24/2009